

OFFICE OF BAR COUNSEL  
IDAHO STATE BAR  
P.O. BOX 895  
BOISE, ID 83701  
(208) 334-4500



**CLIENT ASSISTANCE FUND CLAIM FORM**  
**GENERAL INFORMATION AND INSTRUCTIONS**

Under the auspices of Idaho Code §3-409, the Idaho Supreme Court and the Idaho State Bar Commissioners have set up a fund known as the Idaho Client Assistance Fund to attempt to reimburse clients for all or part of any losses caused by the ***dishonest conduct*** of a lawyer admitted to practice in Idaho. Under this program as set up by the Supreme Court, money paid by all lawyers throughout Idaho is set aside to assist in compensating clients should they sustain loss as a result of an Idaho lawyer's ***dishonest conduct***, when the claimant has no other recourse to recoup the loss. The claim shall be filed no later ***than three (3)*** years after the claimant knew or should have known of the dishonest conduct of the lawyer. However, the Committee may, in its discretion, recognize a claim, which would otherwise be excluded under the Rules.

Because of the purpose of this fund, limitations have been placed upon the types of claims permitted and the amount of compensation granted. In fact, Supreme Court Rule limits the maximum amount payable on any one claim to \$15,000.00.

The attached form is designed to obtain basic information about your claim to determine if your claim can be processed through the Client Assistance Fund. Please complete the form in as much detail as possible making sure that the "claimant" portions of the claim form are **signed** and **notarized** where needed. Use additional separate sheets of paper if necessary, and return all ten pages to:

**Idaho State Bar**  
**P.O. Box 895**  
**Boise, ID 83701**

**IMPORTANT NOTICE:** The Client Assistance Fund has been set up to attempt to compensate **solely** claims made by a client against **his or her** Idaho lawyer, and **only** for **DISHONEST** conduct by the lawyer.

If the conduct is not of a dishonest nature, the Committee is not allowed to distribute any funds toward that claim. "Malpractice" is not necessarily **Dishonest** Conduct. For instance, Webster's defines **Dishonesty** as: (1) lack of honesty or integrity: disposition to defraud or deceive; (2) a dishonest act: Fraud.

Be aware that many malpractice insurance policies covering lawyers exclude coverage for conduct amounting to **dishonesty**. Before filing this claim, you should first determine whether the lawyer against whom you seek redress has malpractice insurance, and seek to obtain full compensation from that insurance policy. Filing a claim against the lawyer for **dishonesty** with this Committee may seriously affect any right to pursue relief against that insurance policy.

Please sign below to acknowledge that you have read and understand the foregoing General Information and Instructions.

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Claimant

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Date

## STATEMENT OF CLAIM AGAINST THE

**CLIENT ASSISTANCE FUND  
OF THE IDAHO STATE BAR**

Please respond in as much detail as possible. Please attach any documents you feel might aid in analyzing your claim.

1. Claimant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

2. Are you represented by a lawyer in this proceeding before the Client Assistance Fund Committee? If so, please identify:

Lawyer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

3. Information about lawyer whose conduct is alleged to have caused Claimant loss:

Name: \_\_\_\_\_

Firm or Professional Corp. (if any): \_\_\_\_\_

Address (last known): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name and Addresses of other members of Firm or Professional Corp. at time of dishonest conduct (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. When did alleged loss occur: \_\_\_\_\_



- [illegible]

7. At the time you allege the Lawyer committed the alleged **DISHONEST** conduct, were you:

- |  |       |       |
|--|-------|-------|
| a) The spouse of the Lawyer                              | _____ | _____ |
|  | Yes   | No    |
| b) A relative of the Lawyer                              | _____ | _____ |
|  | Yes   | No    |
| (c) A partner or associate of the lawyer or his law firm | _____ | _____ |
|  | Yes   | No    |
| (d) In business with the Lawyer                          | _____ | _____ |
|  | Yes   | No    |
| (e) An employee of the Lawyer                            | _____ | _____ |
|  | Yes   | No    |

If you have answered any of the foregoing "yes," please explain your response in detail:

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8. Are you a financial institution? If so, do you have a banker's blanket bond or similarly available insurance or surety contract? If your answers are "yes," please describe in detail the contract, whether you have received monies under the contract, and, if so, how much and what efforts you have made to file claim under that contract: \_\_\_\_\_

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9. Do you know whether the Lawyer had malpractice or other insurance covering the loss?

If so, please identify the name and address of the carrier, if known: \_\_\_\_\_

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10. Have you made any claim against any malpractice or other insurance policy held by the Lawyer? If so, describe the steps in detail, the company's position, and any funds you have received: \_\_\_\_\_

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11. Do you have any insurance that may provide coverage for the loss? If so, please identify the name and address of the carrier, the type of coverage, describe the steps, if any, you have taken to make claim, the company's position, and any funds you have received: \_\_\_\_\_

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12. Have you filed suit against the Lawyer? If so, please describe where the suit is filed, the status of the proceedings, whether any judgment has been obtained against the Lawyer and whether you have received any money from this process. If you have not filed suit, explain briefly your reasons for not pursuing this course of action, to date:

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13. Has the Lawyer acknowledged the validity of your claim? Please explain the circumstances: \_\_\_\_\_

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14. Has the Lawyer or anyone on his/her behalf repaid all or part of the claim? Please explain the identity of the person(s) paying, the terms, dates of payments, amounts, etc.:

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15. Have you made any attempt to locate any assets of the Lawyer? If so, please describe your efforts: \_\_\_\_\_

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\_\_\_\_\_

**AGREEMENT OF CLAIMANT:** Claimant agrees to cooperate with the Committee administering the Client Assistance Fund at the Idaho State Bar, in the conduct of any legal proceedings in connection with this claim, and, if requested, will attend the hearing and trials, assist in effecting settlements, securing and giving evidence, and obtaining the attendance of witnesses.

IN ESTABLISHING THE CLIENT ASSISTANCE FUND, THE IDAHO STATE BAR DID NOT CREATE, NOR ACKNOWLEDGE, ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL, LAWYERS OR ATTORNEYS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS OF LOSSES FROM THE CLIENT ASSISTANCE FUND SHALL BE A MATTER OF GRACE RESTING IN THE SOLE DISCRETION OF THE COMMISSIONERS OF THE IDAHO STATE BAR ADMINISTERING THE FUND AND NOT A MATTER OF RIGHT. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENTS' SECURITY ASSISTANCE FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE UNLESS AN AWARD THEREOF SHALL HAVE BEEN MADE BY THE ORDER OF THE COMMISSIONERS OF THE IDAHO STATE BAR.

DATED 200\_\_.

\_\_\_\_\_  
CLAIMANT

STATE OF

)ss.

County of

I, \_\_\_\_\_, being first duly sworn depose and say that I am the above-named Claimant, that I have read the foregoing statement of claim and know the contents thereof, and that the same is true to the best of my knowledge and belief.

\_\_\_\_\_  
Claimant

SUBSCRIBED and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
Residence \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_